

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## FEB 03 2011

## 2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by 5:00 p.m. on February 18, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISI	LATOR INFORMATION	
Name		Office:
Peter Edgecomb  Mailing address  132 Baird Rd  City, zip code  Can bou 04736		
Mailing address	and the state of t	District
132 Balk Ka		kanadi. Antiririda katirir untu an serina serina katiriri katiriri katiriri katiriri ana ana seringan katiriri katiriri
City, zip code	POPPHIA	Phone 496 3188
Can Dou 09736		7/2 3)00
	ED FROM EMPLOYMENT BY AND	
List the name and address of each employer from whom y economic activity of each employer.	you received compensation of \$1,000 c	or more. Specify the principal type of
☑ None	1-	
Name of Employer	Address	Principal Type of Economic Activity
		of Employer
MANAGE TO THE STATE OF THE STAT		
PART 2. INCOME DERIVED FR	OM SELF-EMPLOYMENT OR LAW	/ PRACTICE
A. List the name and address of your business or law firm, i derived income. If associated with a partnership, firm, profes activity or practice of that entity.	of any, and list the major areas of econolesional association, or similar business e	mic activity or practice from which you entity, list the major areas of economic
□ None	illimit manamatan propaga paga paga paga paga paga paga paga	
		Major Areas of Economic Activity/
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Law Practice (self)	Law Practice (partnership, association, firm or similar
		business entity)
Name:		
Address:		
Name:		
Address:		
, was odd.		
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PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY	MENT
B. List each source of income derived from self-employment or law practice that represents more \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or principal. If this form of disclosure is prohibited by law, rule, or an established code of professional etheronomic activity of the entity or person from whom the income was derived.	erson from whom you derived such
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	vandy y dissert
Name;	
Address:	range comment
PART 3. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do not include gifts box.	or nonoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Maine Teacher Retirement System	Pension
Address: Augusta	
Name: RS4 29	Interim school Supt. July 1st to Nov. 1st
Address: Bird St. Howton, ME	July 12 to Nov. 12
Name:	
Address:	
PART 4. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liabilities, educational loans, loans from regulated financial institutions. If none, check the box.	reporting period, and list the major om a relative, or business loans from
None	000 000 000 000 000 000 000 000 000 00
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	•
Name:	
Address:	
PART 5. REPORTABLE GIFTS	
List the specific source of gifts received during the reporting period with an aggregate value of more that	n \$300. If none, check the box.
None	
Name of Source of Gift Name of 1. 3.	Source of Gift
2. 4.	

List the source of any honoraria accepted for appear	ART 6. REPORTABLE HONORARIA earances or speeches. If none, check the box
☑ None	
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.
PART 7, REP	PRESENTATION BEFORE STATE AGENCIES
	you represented or assisted others for compensation of any amount. If none, check the
box.	
☑ None	
Name of Agency	Name of Agency
1.	3.
	4.
	8. BUSINESS WITH STATE AGENCIES
ist each executive branch agency to which you of \$1,000 during the reporting period. Indicate whethe	or a member of your immediate family sold goods or services with a value in excess of er you or a family member sold the goods or services. If none, check the box.
None None	
Name of Agency	Name of Agency
l.	3.
	<b>4.</b>
PART 9. INCOME F	RECEIVED BY MEMBERS OF IMMEDIATE FAMILY
List the type of economic activity representing each dependent child(ren) during the reporting period an	ch source of income of \$1,000 or more received by your spouse or domestic partner or nd the kind of income represented. If your spouse or domestic partner received income
of \$1,000 or more, list his or her name and job title. not include gifts.	List only the job title of dependent children who received income of \$1000 or more. Do
	Type of Economic Activity
Name of Spouse or Domestic Partner and Job	Title Representing Source of Income Kind of Income Received
	Person
Name: Mationie Edgecomb Job Title: Retates	1. Social Security 1. Pension 2.
Job Title: REtores	3.
Dependent Child(ren) - Job Titles Only	
ob Title:	
ob Title:	***************************************

List any for-profit or nonprofit corporation, firm, as:	10. OFFICER OR DIREC			
held any office, trusteeship, directorship, or position was compensated. If a family member listed,	on of any nature. Indicate wh	ether you or a family he	eld the position and wi	diate family hether the posi-
☑ None				
Organization/Business and Address	Title	Position Held		Compen-
and Address		By:	Name	sated?
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A Logiclotonucka ville da fila A. Ela	SIGNATURE			
A Legislator who willfully fails to file a required			-	•
The intentional filing of a false statement is a willfully filed a false statement, it shall refer its	findings of fact to the Atto	ımıssion concludes t rney General. (1 M.I	nat it appears that a R.S.A. § 1019)	i Legislator ha
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Signature South		9-1	ー <i>引에</i> Date	
Olgrature )			Date	
	ADDITIONAL INFORM	ATION	onlin pakengalang debahan Sebesahan Sebesah dan melang	renegraman Huwanian ilang
Please provide any additional information bel		ets if needed). Indic	ate the part or secti	on number for
the information you are providing. Use addition	onal pages, if necessary.			
Part/Section Number				